

Primary Care Scenario with a Physician Provider as Actor

Patient Mr. Sweet had just completed being screened by the nurse for his diabetes appointment with Dr. Dougy and was placed in the examination room. Dr. Dougy entered the room, greeted Mr. Sweet and accessed Mr. Sweet's medical records on the facility's Electronic Health Record [EHR]. After briefly reviewing, within the EHR, Mr. Sweet's pertinent medical problems, medications, allergies, recent tests, immunizations and recent visits, Dr. Dougy next reviewed the vital signs, measurements and chief complaint that were entered for this encounter by the screening nurse.

Dr. Dougy discussed any problems Mr. Sweet was having and questioned him on his compliance with his diet, exercise and medication regime for his diabetes. Mr. Sweet admitted that although he was fairly good about his exercise program, he did have some problems with his dietary regime. Dr. Dougy then entered this information into the EHR as part of the subjective findings for this encounter.

Dr. Dougy also noted from his review of today's encounter in the EHR that Mr. Sweet had already been sent to the lab by the screening nurse to draw blood specimens for this appointment based on Dr. Dougy's pre-visit planning orders, placed last visit, for a random glucose and a hemoglobin A1C test to be done this visit. Dr. Dougy also noted that the results from today's lab tests were not available yet.

Dr. Dougy did an examination of Mr. Sweet, and entered the results of his examination into the EHR. Upon his earlier review of the EHR, he noted that Mr. Sweet had not had an electrical cardiogram [ECG] recently so he ordered an ECG for Mr. Sweet in the EHR and sent him for the study.

Upon Mr. Sweet's returning from getting his ECG, he was placed in Dr. Dougy's exam room. When Dr. Dougy entered the exam room, he accessed Mr. Sweet's records in the EHR and looked at the ECG, that was just done, which showed a normal sinus rhythm with no acute changes since the previous ECG done 7 years ago. Dr. Dougy then accessed Mr. Sweet's labs, which were now available, and found that the random blood glucose was 165 and the hemoglobin A1C was 6.8. Dr. Dougy also reviewed previous results for Mr. Sweet's hemoglobin A1C and blood glucose for comparison.

Dr. Dougy discussed these results with Mr. Sweet and explained that the blood tests indicated that his diabetes was not under tight enough control at that point. They both agreed to a trial at better compliance with a diabetic dietary and exercise program would be tried before a change in medication was done. Dr. Dougy entered an order for a dietary consult for Mr. Sweet in the EHR, which was scheduled for the following week.

Dr. Dougy then ordered a refill of glyburide and metformin at the same doses that Mr. Sweet was previously taking. He then order a follow-up appointment to see Mr. Sweet back in 6 weeks and ordered a hemoglobin A1C, random glucose, creatinine to be done when Mr. Sweet arrived at the follow-up visit. In addition, Dr. Dougy's earlier review of Mr. Sweet's EHR records and history noted that he had not had a pneumococcal vaccination done, so he ordered one to be given that day. At this point Dr. Dougy applied his electronic signature to the progress notes and orders in the encounter to finalize it.

Dr. Dougy then left Mr. Sweet with the nurse to receive the pneumococcal vaccine, after which he was sent to the medical clerk to receive printed appointment slips for his dietary consult and for his follow-up with Dr. Dougy, and finally he was sent to the pharmacy for his medications.

The following week, Dr. Dougy received an alert from the EHR that the dietary consult for Mr. Sweet was complete. Dr. Dougy accessed Mr. Sweet's dietary consult and reviewed the findings.

RBAC Task Force

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